

# MALONEY & COMPANY, LLC

*The Art of Risk Management*

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## Commercial Auto Questionnaire

**Instructions:** *Please make a copy of this form for each vehicle for which you will need coverage. Complete the forms to the best of your ability and return it/them to us.*

**Vehicle make (e.g. Ford, Volvo):** \_\_\_\_\_

**Vehicle model (e.g. Fusion, S80):** \_\_\_\_\_

**Year of vehicle:** \_\_\_\_\_

**Cost of the vehicle new (if leased, what is the purchase price?):** \$ \_\_\_\_\_

**Vehicle Identification Number (VIN):** \_\_\_\_\_

**Principal driver name:** \_\_\_\_\_

**Principal driver date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**Driver's license number:** \_\_\_\_\_

**State in which license was issued:** \_\_\_\_\_

**Location in which Vehicle will be kept primarily:**

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Have there been any auto claims in the past five years?** \_\_\_\_\_

**Will you purchase the vehicle or lease it?** \_\_\_\_\_

**Will there be any loss payees to be added to your policy? (This is typical in lease situations, or if you have an auto loan.) If so, please provide the name and address of the loss payee:**

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**Will you turn in a vehicle in connection with adding this vehicle to your policy?** \_\_\_\_\_

**To the best of my knowledge, these responses are accurate, true, and complete**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After the form is completed, please fax or email it back to us.**

**Email: [Mail@MaloneyLLC.com](mailto:Mail@MaloneyLLC.com)**